

Asthma Control

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Asthma Series, P8 (Part 2)

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Introduction

This brochure is Part 2 of a four-part asthma disease management series published by the Louisiana Medicaid Pharmacy Benefits Management Program.

HEDIS® Asthma Measures and Utilization Measures in Louisiana Medicaid

HEDIS®, developed by the National Committee for Quality Assurance (NCQA), provides a widely used set of performance measures for assessing the quality of care provided by health plans. One of the measures, *Use of Appropriate Medications for People with Asthma*¹, shows the percentage of the continuously eligible population between the ages of 5 - 56 who were identified as having persistent asthma and who received appropriate asthma medications during the measurement year. This measure can be compared with the measures published by other health plans to determine relative performance. It can also be tracked over time to determine whether compliance is increasing or decreasing. Health plans can use this information to establish benchmarks and to monitor the progress of quality initiatives.

The HEDIS asthma measure is comprised of two components, a numerator and a denominator. The denominator is the eligible population and the numerator is the number of members in the population who received at least one prescription for a long-acting controller medication (inhaled corticosteroids, nedocromil, cromolyn sodium, leukotriene modifiers or methylxanthines). The measure is expressed as the percentage resulting from dividing the numerator by the denominator. Complete compliance with this measure would be shown by having 100% of the members diagnosed with persistent asthma receiving a prescription for an asthma controller medication.

Table 1-HEDIS Asthma Measures (July 2005-June 2006)

Age Group	Eligible Population (Denominator)	Recipients Receiving Appropriate Medications (Numerator)	HEDIS Rate ((Numerator/Denominator)*100)
5-9	5,686	5,220	91.8%
10-17	5,708	5,105	89.4%
18-56	2,088	1,600	76.6%
Total	13,482	11,925	88.5%

In addition to a total measure, HEDIS separates the asthma measure into three age stratifications: 5-9 years, 10-17 years, and 18-56 years. Table 1 shows the HEDIS asthma measures for Louisiana Medicaid during the July 2005 through June 2006 measurement year.

Patient brochures developed for the Asthma P8 series can be accessed online:

Living with Asthma Discusses asthma triggers & signs of poorly controlled asthma
Asthma & Exercise Stresses the importance of remaining active

<http://rxweb.ulm.edu/pharmacy/oore/living.pdf>
<http://rxweb.ulm.edu/pharmacy/oore/exercise.pdf>

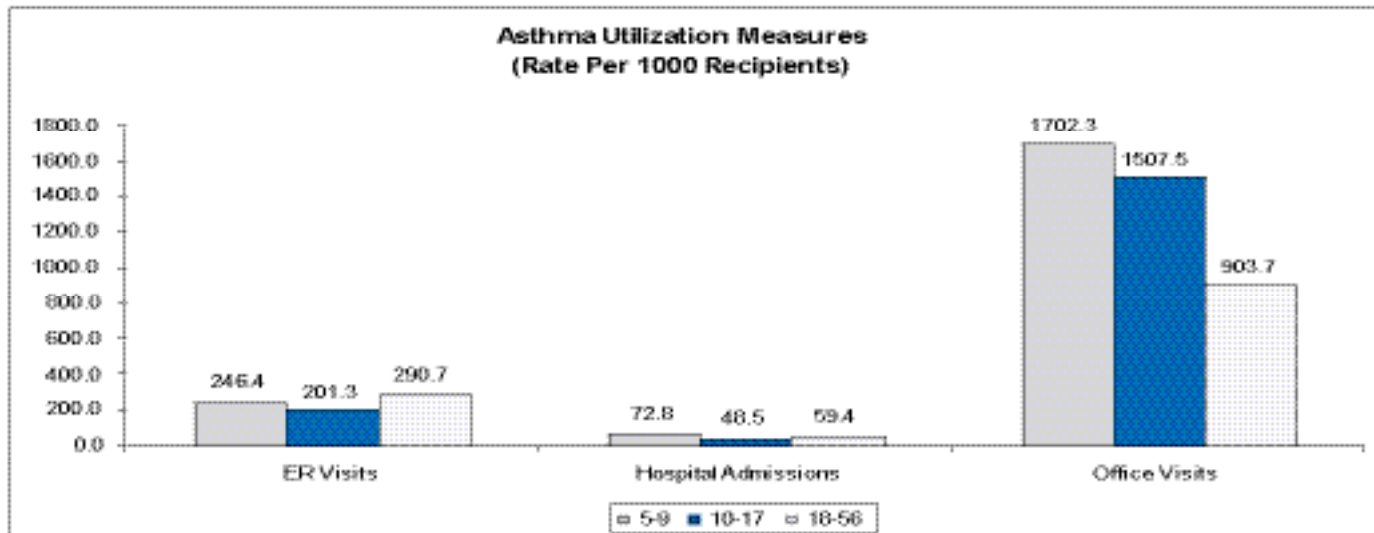
¹National Committee for Quality Assurance. *HEDIS® 2007*. Available at <http://www.ncqa.org/Programs/HEDIS/>.

HEDIS® Asthma Measures and Utilization Measures in Louisiana Medicaid (Continued)

Asthma Utilization Measures

Key utilization measures were computed for the HEDIS asthma population. Asthma emergency department visits, inpatient admissions, and office visits during the measurement year were identified using paid claims data. These measures are expressed as rates per 1000 recipients in Figure 1.

Figure 1-Utilization Measures



Global Initiative for Asthma: Focus on Control

The first brochure in this asthma series described how to determine a patient's level of asthma control by using the GINA Guidelines. After identifying the level of asthma control, the provider should consider which treatment options are best suited for the patient and which treatment options will be effective in achieving control. The GINA scheme for the management of asthma based on the control of symptoms is presented in Figures 2 and 2A.²

In treating asthma according to control, keep these key points in mind:

- Provide and monitor **reliever medication** utilization at each treatment step.
- At Steps 2 - 5, patients require one or more controller medications. According to the guidelines, **inhaled glucocorticosteroids** are the most effective controller medications at present.
- Most newly diagnosed patients or those patients not on medication should be started at Step 2. If symptoms are not controlled at this level, then treatment should be stepped up until control is attained.
- For **children 5 years of age and younger**, if required, a low-dose inhaled glucocorticosteroid is the recommended initial controller (Figure 2A). If symptoms are not controlled, consider an increase in glucocorticosteroid dose.
- The GINA treatment guidelines serve as recommendations. As always, individual treatment plans should be specifically tailored for each patient.

²O'Byrne P. et al. *Global strategy for asthma management and prevention*. The full guideline, pocket guidelines for adults and children, and other useful asthma-related information can be accessed by visiting the GINA website, www.ginasthma.org.

Figure 2-Management of Asthma Based on Control

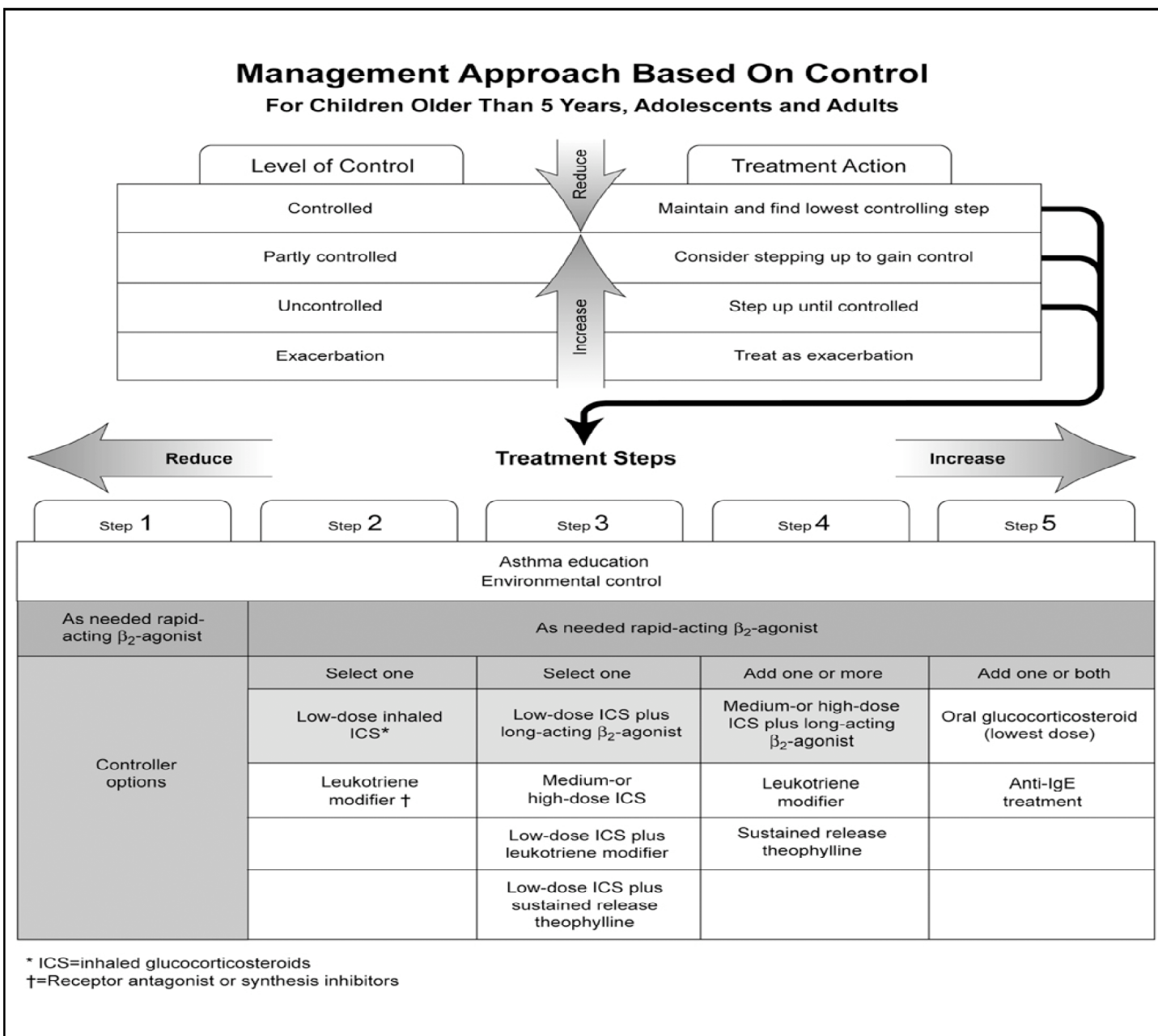


Figure 2 Note: Alternative reliever treatments include inhaled anticholinergics, short-acting oral B₂-agonists, some long-acting B₂-agonists, and short-acting theophylline. Regular dosing with short and long-acting B₂-agonist is not advised unless accompanied by regular use of an inhaled glucocorticosteroid.

Figure 2A-Management of Asthma Based on Control for Children 5 Years of Age and Younger

Management Approach Based on Control: Children 5 Years and Younger
<p>The available literature on treatment of asthma in children 5 years of age and younger precludes detailed treatment recommendations. The best documented treatment to control asthma in these age groups is inhaled glucocorticosteroids and at Step 2, a low-dose inhaled glucocorticosteroid is recommended as the initial controller treatment. Equivalent doses of inhaled glucocorticosteroids may be given; some may be given as a single daily dose.</p>

Figures 2 & 2A used with permission from the Global Initiative for Asthma, www.ginasthma.org.



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Complete Wellness: A Guide to Disease Management

The Department of Health and Hospitals, Bureau of Health Services Financing, and the University of Louisiana at Monroe, College of Pharmacy, continue to develop Disease Management programs to address the education component of the Louisiana Medicaid Pharmacy Benefits Management system.

Selected Medicaid recipients and their health care practitioners receive these educational brochures. We appreciate your taking time to review these and incorporating this information into your practice as you deem appropriate.

Thank you for your continued participation in the Medicaid program. Should you need additional information concerning the Disease Management program, please contact M.J. Terrebonne at (225) 342-9768.

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